|   |  |   |                                     |                          |                         |                                   |               | Application or Docket Number |               |     |                     |               |
|---|--|---|-------------------------------------|--------------------------|-------------------------|-----------------------------------|---------------|------------------------------|---------------|-----|---------------------|---------------|
| PATENT APPLICATION FEE DETERMINATION RECOR<br>Effective October 1, 2003   |  |   |                                     |                          |                         |                                   |               |                              |               |     |                     |               |
|   |  |   | 1,                                  | — ()                     | · 🤜                     | 1 -                               | C             |                              |               |     |                     |               |
| CLAIMS AS FILED - PART I  |  |   |                                     |                          |                         |                                   |               | MALLE                        | NTITY         |     | OTHER               | THAN          |
| <u> </u>  | · · ·  |   | (Column 1) (Colu                    |                          |                         | Jmn 2)                            |               |                              |               | OR  | SMALL               |               |
| TOTAL CLAIMS  |  |   | 17                                  |                          |                         |                                   | ١             | RATE                         | FEE           | 7   | RATE                | FEE           |
| FOR   |  |   | NUMBER FILED                        |                          | NUMBER EXTRA            |                                   |               | BASIC FEI                    | 385.00        | OR  | BASIC FEE           | 770.00        |
| TOTAL CHARGEABLE CLAIMS   |  |   | \ 7 minus 20≈                       |                          |                         |                                   |               | XS 9=                        |               | OR  | X\$18=              |               |
| INE   | DEPENDENT C                                    | LAIMS                                     | <u>'7</u> m                         | ınus 3 =                 | <del>•</del>            |                                   |               | X43=                         |               | OR  | X86=                |               |
| ML  | JLTIPLE DEPE                                   | NDENT CLAIM P                             | RESENT                              |                          |                         |                                   |               | +145=                        |               | 1   | 200                 |               |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                                     |                          |                         |                                   | L             |                              | 2 (//         | OR  |                     |               |
| TOTA  |  |   |                                     |                          |                         |                                   |               | TOTAL                        | <u> </u>      | JOR | TOTAL               |               |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |                                     |                          |                         |                                   |               | SMALL                        | ENTITY        | OR  | OTHER<br>SMALL      |               |
| AMENDMENT A   |  | CLAIMS<br>REMAINING                       |                                     | HIGH                     | ST                      |                                   | lr            |                              | ADDI-         | 1   |                     | ADDI-         |
|   |  | AFTER<br>AMENDMENT                        |                                     | PREVIO PAID F            | USLY                    | PRESENT<br>EXTRA                  |               | RATE                         | TIONAL<br>FEE |     | RATE                | TIONAL<br>FEE |
|   | Total  | *   | Minus                               | **                       |                         | =                                 |               | XS 9=                        |               | OR  | X\$18=              |               |
|   | Independent                                    | *   | Minus                               | ***                      |                         | =                                 |               | X43=                         | l             |     | X86=                |               |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |                          |                         |                                   |               |                              |               | OR  |                     |               |
|   |  |   |                                     |                          |                         |                                   | L             | +145=                        |               | OR  | +290=               |               |
|   |  |   |                                     |                          |                         |                                   |               |                              |               | OR  | TOTAL<br>ADDIT. FEE |               |
|   | (Column 1) (Column 2) (Column 3)               |   |                                     |                          |                         |                                   |               |                              |               |     |                     |               |
| AMENDMENT B   |  | CLAIMS<br>REMAINING                       |                                     | HIGHE<br>NUMB            |                         | ER PRESENT                        |               | חאדה                         | ADDI-         |     |                     | ADDI-         |
|   | , , ,  | AFTER AMENDMENT                           |                                     | PREVIO<br>PAID F         |                         | EXTRA                             |               | RATE                         | TIONAL        |     | RATE                | TIONAL<br>FEE |
|   | Total  | *   | Minus                               | **                       |                         | =                                 |               | X\$ 9=                       |               | OR  | X\$18=              |               |
|   | Independent                                    | *   | Minus                               | ***                      |                         | =                                 |               | X43=                         |               |     | X86=                |               |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |                          |                         |                                   | <del> -</del> |                              |               | OR  | 7.00=               |               |
|   |  |   |                                     |                          |                         |                                   |               | +145=                        |               | OR  | +290=               | •             |
|   |  |   |                                     |                          |                         |                                   |               | TOTAL<br>DIT. FEE            |               | OR  | TOTAL<br>ADDIT. FEE |               |
| (Column 1) (Column 2) (Column 3   |  |   |                                     |                          |                         |                                   |               | •                            | ٠.            | ,   |                     | •             |
| AMENDMENT C   |  | CLAIMS<br>REMAINING                       |                                     | HIGHE<br>NUMB            |                         | PRESENT                           |               |                              | ADDI-         | ſ   |                     | ADDI-         |
|   |  | AFTER<br>AMENDMENT                        |                                     | PREVIOU PAID F           |                         | EXTRA                             |               | RATE                         | TIONAL<br>FEE |     | RATE                | TIONAL<br>FEE |
|   | Total  | •   | Minus                               | **                       |                         | =                                 |               | X\$ 9=                       |               | OR  | X\$18=              |               |
|   | Independent                                    | *   | Minus                               | ***                      |                         | = '                               |               | X43=                         |               | l   | V06-                |               |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |                          |                         |                                   | -             | ^4J=                         | ·             | OR  | X86=                |               |
| +145=   |  |   |                                     |                          |                         |                                   |               |                              |               | OR  | +290=               |               |
| • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. •• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. •••If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3. |  |   |                                     |                          |                         |                                   |               |                              |               |     |                     |               |
| T   | i the "Highest Nur<br>"he "Highest Num         | mber Previously Pa<br>ber Previously Paid | id For" IN THIS<br>I For" (Total or | 5 SPACE is<br>Independer | less thar<br>nt) is the | n 3, enter "3."<br>highest number |               |                              | ropriate box  |     |                     |               |